

DPH
Life Safety
Survey
AUGUST 2009

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/08/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555795		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 8/25/09	
NAME OF PROVIDER OR SUPPLIER VETERANS HOME OF CALIFORNIA -				STREET ADDRESS, CITY, STATE, ZIP CODE 700 EAST NAPLES COURT CHULA VISTA, CA 91911			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>K3 Building: 01 K6 Plan Approval: February 28, 2002 K7 Survey Under: 2000 Existing</p> <p>The facility is a one story, Type V, fully sprinklered building.</p> <p>The census is 154 residents.</p> <p>The following represents the findings of the Department of Public Health, Life Safety Code Unit, during a Life Safety Code Survey of the facility, using the NFPA 101 2000 Edition (existing) of the Life Safety Code. The facility was surveyed under 42 CFR 483.70(a) for Long Term Care Facilities.</p> <p>Representing the Department of Public Health: Boi Do, HFEI</p>			K 000			
K 064 SS=F	<p>NFPA 1 01 LIFE SAFETY CODE STANDARD</p> <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1 19.3.5.6, NFPA 10</p> <p>This STANDARD is not met as evidenced by: Section 4-4.1 Frequency. Fire extinguishers shall be subjected to maintenance at intervals of not more than one year, at the time of hydrostatic test, or when specifically indicated by an inspection.</p> <p>Based on observation, record review and interview the facility failed to provide the maintenance services at intervals of not more than 1 year for 13 of 13 fire extinguishers in the facility. The reliability of the fire extinguishers were affected causing potential harm to residents in the event of a fire.</p>			K 064			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 064	<p>Continued From page 1...</p> <p>Findings:</p> <p>During the tour of the facility on August 25, 2009 at 1:00pm, the evaluator observed two of two fire extinguishers in the kitchen, one of one fire extinguisher in the laundry room and ten fire extinguishers in the hallway throughout the facility were not maintained at a year interval. The last hydrostatic test was done on August 12, 2008.</p> <p>The Standards Compliance Coordinator and the Acting Chief of Plant Operations was with the evaluator at the time of observation. They stated that the facility was waiting for the budget approved and will call the fire extinguisher company to replace the fire extinguishers.</p>			K 064	<p>Correction:</p> <p>Incorrect: "The Standards Compliance Coordinator and the Acting Chief of Plant Operations was with the evaluator at the time of observation. They stated that the facility was waiting for the budget approved and will call the fire extinguisher company to replace the fire extinguishers."</p> <p>Correct: "The Standards Compliance Coordinator and the Acting Chief of Plant Operations was with the evaluator at the time of observation. They showed the evaluator a purchasing document for the annual hydrostatic test of the fire extinguishers and explained that we were waiting for approval to purchase."</p> <p>This plan of correction constitutes my written credible allegation of compliance for the deficiency noted. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by State and Federal law.</p> <p>It is the policy of the Veterans Home to provide for the Health and Safety of all residents, staff and visitors. Crossway Fire was contracted to conduct our annual hydrostatic test. This was completed on August 28, 2009.</p>		8/28/09

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K 064	Continued From page 2...	K 064	Continued From page 2... The annual test has been imputed into our Preventative Maintenance System by our Acting Chief of Plant Operations to ensure fire extinguishers are maintained at intervals of not more than one year. Monthly Rounds are conducted by the Plant Operations Staff to ensure that all fire extinguishers are charged and tagged as per regulations. Environmental rounds will be conducted monthly on each SNF nursing unit in an effort to identify expired fire extinguishers and other potential fire/safety hazards. Findings will be reported to the Quality Assurance Committee.	9/14/09	
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